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HIV REFORM IN ACTION

*CORPORATE AGREEMENT; HEALTH SYSTEMS STRENGTHENING FOR A
SUSTAINABLE HIV / AIDS RESPONSE IN UKRAINE (HSS SHARE)*

QUARTERLY REPORT

January 1st, 2015 – March 31st, 2015

AWARD NUMBER: AID-121-A-13-00007

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CONTENTS

CONTENTS 2

LIST OF ACRONYMS..... 3

SECTION A 6

Table 1. GENERAL PROJECT INFORMATION..... 6

TABLE 1.1. CURRENT AND CUMULATIVE PROGRESS.....Error! Bookmark not defined.

SECTION B 7

Table 2. OVERALL PROJECT PROGRESS AND PERFORMANCE IN REPORTING PERIOD ... 7

SECTION C 46

Table 4. RELEVANT INDICATORS FOR REPORTING PERIOD 46

TABLE 5. LESSONS LEARNED, AND SUGGESTED DISSEMINATION..... 48

SECTION D 50

Table 6. EXECUTIVE SUMMARY 50

ANNEX 1: PROJECT ACTIVITY MONITORING MATRIX 54

LIST OF ACRONYMS

Acronym	Description
AIDS	Acquired Immune Deficiency Syndrome
ALOS	Average length of stay
ART	Antiretroviral Therapy
ARV	Antiretroviral (drug)
BCC	Behavior Change Communication
BL	Baseline
B&M Plan	Branding and Marking Plan
CB	Capacity building
CD	Capacity development
CME	Continuous Medical Education
CPD	Continuing Professional Development
CSO	Civil Society Organization
CSSFCY	Center of Social Services for Family, Children and Youth
CMU	Cabinet of Ministers of Ukraine
COP	Chief of Party
C&T	Counselling and Testing (also: HCT, VCT)
DCOP	Deputy Chief of Party
DRG	Diagnostic Related Groups
EPI INFO	Public domain statistical software for epidemiology developed by Centers for Disease Control and Prevention (CDC) in Atlanta, Georgia (USA)
FCPA	Foreign Corrupt Practice Act
FM	Family Medicine
FSW	Female Sex Workers
GARP	Global AIDS Report
GF or GFATM	Global Fund / Global Fund to Fight AIDS, Tuberculosis and Malaria
GoU	Government of Ukraine
HCF	Health Care Facilities
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
HQ	Headquarters
HR	Human Resources
HRH	Human Resources for Health
HRIS	Human Resource Information System
HSS-SHARe	Health System Strengthening for a Sustainable HIV/AIDS Response
ICD	International Classification of Disease
ICT	Information Communication Technology
IDUs	Intravenous Drug Users
iHTP	Integrated Healthcare Technology Package
Intl.	International

IS	Information system
IT	Information Technology
KAP	Knowledge Attitude Practice/Key Affected Population
KM	Knowledge Management
KMCS	Knowledge Management and Communication Strategy
KP	Key populations
LOC	Letter of Credit
LTTA	Long-Term Technical Assistance
MARPs	Most-At-Risk Populations
MAT	Medication-assisted treatment
MMBT	Maturity Model Benchmarking Tool
MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of Understanding
MoV	Means of Verification
MSM	Men who Have Sex with Men
MSP	Ministry of Social Policy
M&E	Monitoring and Evaluation
NAP	National AIDS Program
NASA	National AIDS Spending Assessment
NGO	Non-Governmental Organization
NHA	National Health Accounts
NHP	National HIV Plan
Obj.	Objective
OHD	Oblast Health Department
Ops Manager	Operations Manager
OSA	Oblast State Administration
OVI	Objectively Verifiable Indicators
PBB	Performance Based Budgeting
PEPFAR	President's Emergency Plan For AIDS Relief
PH	Public Health
PHC	Primary Healthcare
PLWHA	People Living with HIV/AIDS
PM	Project Management
PMEP	Performance Monitoring and Evaluation Plan
POC	Point of Contact
PPP	Private Public Partnership
PWID	People Who Inject Drugs
Q&A	Questions and Answers
RAP	Regional AIDS Program
RCC	Regional TB and HIV Coordination Council

RFA	Request For Applications
ROI	Return on Investment
SES	State Epidemiology Service
SLA	Service-Level Allocation
SOW	Scope of Work
SS	State Service of Ukraine on HIV and Other Socially Dangerous Diseases
STTA	Short-Term Technical Assistance
TA	Technical Assistance
TB	Tuberculosis
TBD	To Be Determined/To be done
TOR	Terms of Reference
UCDC	Ukrainian Center for Disease Control
UNAIDS	Joint United Nations Program on HIV/AIDS
USAID	United States Agency for International Development
USG	United States Government
VCT	Voluntary Counselling and Testing
WG	Working group
WHO	World Health Organization

SECTION A

TABLE 1. GENERAL PROJECT INFORMATION

Country:	Ukraine	Project:	HIV Reform in Action
Regions/oblasts:	Dnipropetrovsk, Lviv, Poltava	short name:	HIVRiA
		CoAg number:	AID-121-A-13-00007
		Implementer:	Deloitte Consulting LLP
Agreement Officer Representative (AOR)	Paola Pavlenko	Start Date:	October 1 st , 2013
Alternate AOR	Hanna Blyumina	End Date:	September 30 th , 2018
Date of Report Submission:	April 15, 2015	Latest modification # and date:	Mod 2 signed February 11, 2015
Period covered by the report:	January 1 st , 2015 – March 31 st , 2015		

SECTION B

TABLE 2. OVERALL PROJECT PROGRESS AND PERFORMANCE IN REPORTING PERIOD

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
Objective 1: Enhance national leadership and capacity for evidence-based and gender-sensitive HIV policy programming and implementation			
Sub-objective 1.1: Support national government institutions in AIDS policy development, programming and implementation			
1.1.1. Facilitate dialogue between MoH, MoF, MSP, Parliament members and regional entities to ensure finance allocation for National AIDS response.	Support interagency working group and dialogue for preparation of annual budget requests and justification of National AIDS Program (NAP) funds allocation	Due to the reorganization in the MOH, elimination of SS, and additional staffing changes in other ministries, the new interagency meeting will be planned for next quarter.	The interagency meeting will be planned for June, 2015.
	Facilitate dialogue between national and regional entities to improve budget planning for HIV	The most important theme of dialogue between national and regional entities in HIV sector is the understanding of their future role in view of the anticipated health reforms. Both UCDC and several AIDS centers have expressed the need for strategic discussions on this theme. In response to these requests, HIV RiA, in partnership with UCDC, organized a Strategic Planning workshop for regional AIDS Centers in light of health reforms in	The workshop participants expressed interest to continue strategic planning discussion focusing on specific topics. HIV RiA in concert with UCDC will organize series of workshops with the next one planned for Q3Y2. HIV RiA plans to hold 2nd Strategic Planning workshop for AIDS Centers in Q3Y2.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		Ukraine. Chief Physicians of almost all regional AIDS Centers attended the meeting. When working in groups, the participants conducted SWOT-analysis for AIDS Centers and discussed future options for Ukraine's national function of HIV prevention. The participants then discussed potential models for the development of regional AIDS Centers and discussed elements of developing institutional strategies and action plans.	
1.1.2. Strengthening MoH capacity in national HIV/AIDS policy development, programming, monitoring and evaluation	Conduct assessment of MoH needs in HIV/AIDS policy development and programming	At the request of MOH and following several consultations with the Deputy Minister Yu. Savko, the Project established a technical working group (PH TWG) to develop public health system models with integrated HIV/TB services. TOR for the TWG is attached to the report. TWG is conducting analysis of national and regional entities currently performing public	Based on the needs assessment, PH TWG will develop recommendations for strengthening PH capacity with a focus on integration of HIV/TB services as part of the national PH policy development.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		health functions, according to definitions stipulated by WHO. The analysis will include assessment of needs in HIV/AIDS policy development and programming at the national level.	
	Provide technical support to MoH in Health Reform Strategy development efforts in HIV/AIDS area	The Project provided comments and recommendations on the Health Strategy document developed by the Health Reform Strategic Advisory Group (SAG). The PH TWG will develop a scenario(s) for restructuring Ukraine's public health system under the single mandate of a PH entity and define and develop recommendations for PH responsibilities at the national, oblast and raion levels.	The PH TWG will complete the development of recommendations for a PH system model in the country, including PH functions related to HIV/AIDS.
	Assist with the organizational development of relevant structure within MoH responsible for policy	The PH TWG developed an organizational chart, terms of reference (TOR) and explanatory note for the	PH TWG will assist MOH in the development of legislative changes required for the establishment of the

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
	and programming after SS termination	establishment of the MOH PH Department that was submitted to MOH. In addition, the Project has analyzed functions of SS and SES and developed recommendations for sharing these functions between MOH PH Department and a national level public health entity	PH department and a NPHI structure at the national level.
1.1.3. Learning international best practices and experiences in HIV response	Conduct a study tour to share the strategic vision for healthcare reforms, with HIV and TB integration, among Ukraine's key national policy makers, health systems managers and change agents in coordination with PtP	Dates of the tour have been approved – May 23-30, 2015 as well as the country – Poland. Short description of the tour was formulated based on VERF concept and circulated among regional coordinators to present it to potential participants and finalize the participant list.	List of participants will be finalized; assistance in preparation for the tour will be provided during the next quarter. The study tour will take place also during the next reporting quarter.
Sub-objective 1.2: Strengthen capacity of local government entities in implementing regional AIDS programs with emphasis on key affected population			
1.2.1 Support the development of RAPs, including budget planning.	Support RCCs in RAPs preparation	Regarding Project pilot regions - Dnipropetrovsk, Poltava and Lviv - in all 3 regions RAPs are developed, including budget	Technical assistance was provided to 3 pilot regions (Dnipropetrovsk, Lviv and Poltava), plus 10 additional regions and the very last

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>calculation and indicator framework. To ensure transparent process of development and involvement of oblast stakeholders, RCC meetings where organized and draft RAPs together with calculations were presented. The most problematic is the Dnipropetrovsk region, because Oblast State Administration decided to develop one Health Program for the region, in which HIV is only a small component. Discussion with oblast and national stakeholders show that this approach may not be the best one, thus number of advocacy issues should be taken here.</p> <p>According to USAID decision to provide TA to additional 10 regions for RAP development, the Project, in coordination with SS team, provides TA to ensure transparent process of RAP development and</p>	<p>moment HIV RiA received a TA request from Odesa. The Project obtained USAID approval for TA to be provided to this high burden region.</p> <p>In Q3Y2, it is planned to finalize RAP in Odesa oblast, including costing, and prepare it for submission for approval. In addition, those regions that will have additional comments from Health and Finance Departments of Oblast State Administrations, mostly regarding costing and indicators, will receive online TA that was part of the agreement with consultants. If oblast will request additional TA in terms of support of RCC or Oblast Council meeting, the Project team may decide to support additional one-day field visit. In pilot regions, upon request, the Project team may support RAP submission and presentation</p>

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>involvement of all regional stakeholders. According to the SS letter as of February 17, 2015 #22.2/1/152EH, the regions confirmed the provision of TA by HIV RiA and designated for this relevant specialists.</p> <p>To ensure inclusive and transparent process, HIV RiA team suggested common approach to RAP development, which included (please, see Annex): agreement with regional leadership on TA plan, at least 1 field trip, on-line work with the region on RAP calculation and preparation of a financial tool.</p> <p>Update on RAP development:</p> <p>1. Cherkasy oblast</p> <p>According to TA plan, the region made significant progress. WGs were organized and RAP was prepared, including discussion at the RCC meeting. Currently, RAP is</p>	<p>to regional stakeholders and/or government authorities, if needed.</p> <p>Regarding Dnipropetrovsk, it is understandable that advocacy efforts will be needed from the Project team or other national authorities.</p>

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>under approval at the OSA Health Department;</p> <p>2. Chernihiv oblast. The work on RAP preparation was hard and it was identified that the region needed the NGO sector to voice their needs. For the moment, RAP is finalized, including budget calculations, and awaits for the submission to Oblast State Administration;</p> <p>3. Kherson oblast. To ensure inclusive and transparent process, WGs were organized and good discussion was facilitated on the topic. RAP was prepared and submitted to Oblast State Administration;</p> <p>4. Khmelnyskyi oblast The region made significant progress in ensuring inclusive process. Two WG meetings were organized to develop RAP, do budget calculations and make indicator list. Presently, RAP is under approval at the Oblast State Administration.</p>	

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>It should be stated, that some comments may be provided by OSA;</p> <p>5. Kirovohrad oblast One of the hardest regions because of local capacity. Region requested TA directly from the HIV RiA and stated great need in Project expertise, especially on indicators frame and budget calculation. Consultant organized WG meeting and number of consultations, and provided mentorship for regional AIDS Center Chief Physician and M&E department. Currently, RAP is under approval at the Oblast State Administration;</p> <p>6. Kyiv oblast Kyiv oblast, which is considered to be a hard case, received TA from the Project. Number of individual meetings with AIDS Centers, representatives from Health Department and Drug Rehabilitation Clinic were held by the consultant to</p>	

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>ensure the preparation of costing and development of the list of activities, in coordination with other partners and Kyiv City. Currently, RAP is under approval at the Oblast State Administration (final editing);</p> <p>7. Kyiv City According to the TA plan, the consultant held series of individual and group meetings to finalize RAP. For the time being, RAP is being finalized by the Health Department prior to submission to Kyiv City State Administration;</p> <p>8. Mykolaiv oblast Mykolayiv is considered to be a very promising region, in terms of local capacity. Nevertheless, two field trips were organized to ensure inclusive and transparent process of involvement of all regional stakeholders. Currently, RAP is under approval at the Oblast State Administration, so we may</p>	

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>expect that they will approve it soon;</p> <p>9. Vinnytsia oblast Considered to be a strong region, also participating in Health Reform as a pilot region. Consultant made 1 field trip and admitted high interest of oblast stakeholders and great involvement of Oblast AIDS Center, who actively participated in the process of development, including advocacy activities for fund allocation. Currently, RAP is under approval at the Oblast State Administration;</p> <p>10. Zaporizhzhia oblast Region with rather high disease burden, including geographical proximity to war regions of Eastern Ukraine. Thus, costing and M&E discussion were very important. To ensure transparent and inclusive process, RCC meeting was held and draft RAP was presented. For the moment,</p>	

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>RAP is under approval at the OSA Finance Department;</p> <p>11. Odesa oblast.</p> <p>Region applied for TA almost the last minute, but the Project was able to provide TA needed.</p> <p>Together with the regional AIDS Center, TA plan was agreed and consultant was able to organize field trip on March 30-31, 2015 to hold WG meeting, in order to discuss RAP activities, indicator framework and first draft of budget calculations. Further on-line TA will be provided.</p>	
1.2.2. Provide national and local partners with adequate regional data and information	In coordination with the RESPOND Project, update regional profiles (facility, HRH, etc.) and present the most recent data and information for Dnipropetrovsk, Poltava and Lviv Oblasts	Regional profiles of 3 pilot regions – Lviv, Dnipropetrovsk and Poltava - were finalized to be used during piloting and other Project activities. Some parts of regional profiles will be incorporated in UCDC SI website.	Regional profiles will be posted on the Project website.
Sub-objective 1.3: Improve and sustain comprehensive service delivery models and financing mechanisms for key affected populations.			

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
1.3.1. Provide TA for the development of the National strategy on access to HIV prevention services for key populations (KPs).	Participate in technical working group (TWG) and provide input to strategy development	HRH/HSS Advisors have participated in two meetings of the TWG in January and February 2015. At the latter meeting, the Strategy on sustainability of HIV prevention services for KPs was presented as approved by the SS document instead of agreed CMU level. In addition, the final version of the Strategy did not contain all TWG proposals	The project will follow up with the next steps planned by TWG and continue advocacy and TA for HIV prevention services at the National and Regional level, including piloting activities. In addition, at the request recent meeting of the CCM, the Minister of Health requested UNAIDS to coordinate the development of the national HIV Sustainability strategy that should be drafted by June, 2015. HIVRiA team is prepared to be actively involved in the strategy development working group as soon as it is established.
1.3.2. Develop specific service delivery and financing strategies for piloting in project regions (discuss with key stakeholders at national and regional level).	Conduct regional stakeholder workshops to build consensus on priority problems and needs for service delivery and financing improvement.	The Project conducted piloting workshops in Poltava (March 4), Lviv (March 20) and Dnipropetrovsk (March 27) regions to discuss and define ideas for piloting HIV services for KPs in the Project regions. Oblast level health and social protection administrations, AIDS	The national workshop to discuss service delivery and financing pilots with key national and regional stakeholders will be conducted on April 24.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		centers, PHC representatives and all top local NGOs participated in the workshops. The Project has developed a tool to discuss piloting options in the fields of service delivery, financing and human resource. Based on the workshop discussion, several priority pilot ideas have been identified and will be proposed for piloting.	
1.3.3. Prepare piloting of alternative approaches to deliver/finance HIV services for key populations in the Dnipropetrovsk, Lviv and Poltava regions for 2014-2015.	Conduct trainings with key oblast and raion partners on piloting options and implementation (RCC)		The Project will finalize selection of piloting options for each region and agree them with regional stakeholders. The SOW for pilot implementation grants will be developed and announced with the implementation anticipated to start in June/early July 2015.
1.3.5. Revise and improve financial mechanisms for provision of HIV services to key populations (KPs)	Explore the barriers to: – active utilization of social contracting and PPP for the	In order to revise and improve financial mechanisms for the provision of HIV services to (KAPs/MARPs), the Project	April 6 is a deadline for application submission, so we expect to complete evaluation by the end of

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
	provision of HIV preventive services; – implementation of risk-adjusted capitation for the provision of HIV preventive services.	<p>organized Request for Applications to conduct activities listed below:</p> <ul style="list-style-type: none"> • Study of existing barriers to active utilization of social contracting and public private partnership (PPP) for the provision of services to KAPs (MARPs) and PLWHIV • Conduct of a workshop for decision makers on the implementation of social contracting mechanisms, and for potential providers of services to KAPs (MARPs) and PLHIV. <p>Studying of existing barriers to active utilization of social contracting and PPP for the provision of services to KAPs/MARPs and PLHIV) is supposed to become the foundation for the development of recommendations to MoH and MSP of Ukraine in order to implement social contracting mechanism at the local community level.</p>	<p>April and sign the award agreement with the grantee. Period of Performance is five months from April 01, 2015 till August 31, 2015. Detailed work plan and budget will be approved through negotiation with the selected grantee</p> <p>Selection of consultant is planned for the second week of April. Deliverables from STTA are expected by mid-June.</p>

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>During Q2Y2, the grant was awarded. For those willing to apply, webinar was organized on March 24, 2015, so all questions were answered.</p> <p>During Q2, STTA to explore the barriers to implementation of risk-adjusted capitation for the provision of HIV preventive services was sought. The main objective of STTA is to describe current capitation methods in health finance in Ukraine; to analyze barriers that exist in Ukraine to implementation of risk adjustment (or capitation) methods; to prepare a comprehensive report on results of the conducted analysis.</p>	
1.3.6. Support national leadership for sustainable provision of HIV services to key populations (KPs).	Analyze the international evidence on quality assurance mechanisms for the provision of HIV preventive services	The TOR for STTA was developed and will be published	The analysis will be conducted in the third quarter.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
Sub-objective 1.4: Improve policy dialogue and ensure transparent policy development environment.			
1.4.1. Engage champions and change agents at all levels (MOH, UCDC, regional AIDS Centers, OHDs and others) and civil society to strengthen the country's capacity in evidence-based HIV policy making and implementation	Build capacity of change agents in evidence-based policy making and oversight	Strengthening capacity of change agents/champions in supporting implementation of Project activities is one of the objectives under its capacity building component. In February, the Project has conducted the first skills-based training on communication with decision makers at the regional level to sensitize them on KAP needs in gender-sensitive and stigma- and discrimination-free services. The training was centered on training the prospective facilitators of Speaker Series – public outreach and promotional events – to formulate key messages and select relevant formats to deliver them to decision makers as the main target group. 20 participants were trained.	This training will be followed by other trainings for a cadre of change agents on gender sensitivity, stigma reduction and other themes of the Project. The set of skills acquired at this training will be employed by the participants in preparation for and facilitation of the Speaker Series to be conducted in three Project regions in the next quarter.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
Objective 2: Improve and optimize resource allocation and financing for the national and selected regional HIV/AIDS programs targeting key populations			
Sub-objective 2.1: Develop evidence pool to create support for funding decisions in HIV response at the national and regional level			
2.1.1. Support GOU in conducting the Investment Case study Phase II (extension of HIV allocative efficiency study) in collaboration with UNAIDS, including analysis of resource allocations and financial sustainability of service delivery to key populations.	Operational and Service Data Collection Related to prevention services for KAPs (MARPs) and social support for PLHIV in 25 regions of Ukraine	SOW for grant is on the last stage of finalization and it is planned to announce it by the 10 th of April.	Grant will be announced by the 10 th of April. The Grant will last for 8 months. This Grant will address the following main objectives: 1) Estimate the annual unit costs of existing in-country models and comprehensive preventive, treatment and care and support services for adult and pediatric patients/clients in HIV/AIDS area. 2) Identify and evaluate the factors that influence overall and component costs, and how these factors vary across service provision models, regions and sites. The results of this Grant will contribute to the outcomes of Objective 2 activities and will provide financial and economic justification for better resource allocation and financial sustainability of

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
			services for key populations. The tasks will be undertaken in Ukraine in 3 (three) selected regions and will take place between June, 2015 and December, 2015
	Conduct Stakeholder Workshop for decision makers to discuss and finalize methodology of the study	The Project provides assistance to the 2 nd Phase of the Investment Case Analysis led by the country (CCM) in defining the ways to maximize “benefits” (health incomes) from investments in HIV response. The Investment Case Analysis was brought to the top of the policy agenda of the Country Coordination Mechanism, led by the Deputy Prime Minister, and to the health and HIV response management agenda of the Ministry of Health and Ministry of Economics of Ukraine. The TOR/methodology of the study is in the process of development with involvement of the Project,	It is agreed with national partners to finalize TOR for the Phase 2 in May 2015. The Project provides all possible support and is in the process of the selection of international expert/ researcher to assist national team in planning Phase 2 study.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>UNAIDS, UCDC, WB. Finalization of TOR for the study and its presentation to stakeholders was postponed due to delayed report on Phase 1 (OPTIMA modeling) conducted by WB Washington and Kirby University. The report with recommendations on what to include in Phase 2 is planned for May 2015, instead of November 2014. The reason for delay is the problem with formulas in modeling system developed by the University.</p> <p>The Project together with UNAIDS and UCDC participated in a one-week mission of WB/University team in Ukraine (February 2015) where provided technical support in calibration of models and finalization of data used for analysis. This input helped to accelerate work on finalization of Phase 1 results.</p>	

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
	Conduct study and prepare preliminary study report	The study will start with the start of the Grant described in 2.1.1, where collection of data in 3 regions is planned. This data collection is the first step in Phase 2.	Study start is planned for June, 2015
2.1.2. Provide technical assistance to UCDC on NASA data validation process for 2011-2012	Prepare report	<p>TA to UCDC was provided for validation and finalization of data to be included in the country report for 2011 and 2012.</p> <p>Additional data collection was conducted to correct expenditures from Governmental sources – national and local budgets. Additional validation of their input was conducted.</p> <p>First reporting on 2011-2012 expenditures will be included in the country GARPR report. As HIV expenditures is a separate country indicator for reporting, it will be included in separate matrixes, newly developed by UNAIDS/ Geneva.</p> <p>Deadline for submission of these reporting matrixes is April, 15.</p>	<p>2011-2012 data will be included in the country GARPR report (indicator 6.1). Report with NASA expenditures will be submitted online on the 15th of April and narrative part will be included in final report which will be submitted by UCDC in mid-May. The Project will support UCDC in preparation of matrixes and narrative part of the country report.</p> <p>Additional detailed country report on NASA will be finalized in May and presented to national partners in June 2015.</p>

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		In addition, to help validate and finalize data, UCDC requested for additional support from the Project for formatting and visualization of data and preparation of final country matrixes for 2009-2010-2011-2012 (new format of matrixes) and preparation of narrative part of this indicator.	
2.1.3. Conduct cost-effectiveness study of the scale of usage of rapid tests in prevention programs, in collaboration with UCDC.	Develop methodology for the study	Development of the methodology has already started. A meeting with UCDC experts was conducted and objectives of the study agreed.	It is planned to prepare SOW by mid-April and to award a grant in June. SOW will be prepared in partnership with UCDC, who earlier requested the study and evidence-based recommendations for scaling up usage of rapid tests in preventive programs.
	Conduct Stakeholder Workshop for decision makers to discuss and finalize methodology of the study	Stakeholder Workshop is planned for conduct after SOW finalization only.	Workshop with presentation of methodology of the study is planned for May.
Sub-objective 2.2: Support the development of HIV strategies and policies at the national and regional level which reflect optimized resource allocation and lead to the most cost-efficient and effective.			

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
2.2.1. Support MOH/UCDC in institutionalization of National system of HIV expenditure monitoring.	Provide support in the development of GOU Directive on HIV expenditure monitoring	MOH order has been formulated in partnership with UCDC who is officially responsible for collection of indicator on HIV/AIDS expenditures. Draft was reviewed by UCDC lawyers and prepared for submission to MOH for review and signing. In addition to MOH order, two memo notes were prepared: one from the Head of M&E Department to UCDC Director; second from UCDC Director to the Minister of Health. These notes include the need for the order to be signed, and insist on the routine annual data collection on expenditures for HIV/AIDS and co-infections.	Next stage is the submission of the order to MOH for review and to UCDC Director for signing. Submission is planned for the first week of April. If UCDC needs, the Project will provide additional support in advocacy of the order signing and finalization of document if MOH recommends change formulation.
	Support the development of methodology guidelines for MOH on expenditure monitoring, and other relevant documents	Preparation of package of support documents to MOH order has already started. New methodology guidelines for MOH on expenditure monitoring were developed, processes on regional data collection and submission on	After preparation of the final document, it will be sent to MOH lawyers for review and approval. Approval is planned for Q3-Q4.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		national level are in the process of stipulation.	
Sub-objective 2.3: Strengthen capacity of national and regional partners in finance planning, budget preparation and execution to match the needs to optimized HIV/AIDS service-delivery operations.			
2.3.1.. Support national and regional stakeholders in operational and budget planning	Two trainings on routine operational planning, including budgeting , for key regional administration personnel and stakeholders conducted (40 people trained)	National training on allocation of resources for health and social programs by governmental institutions was held on March 24-26 in Kyiv. 20 representatives from the Penitentiary Service, National Academy for Public Administration under the President of Ukraine, Bohomolets National Medical University, Institute of Demography and Social Studies, MOH and several other institutions participated in a 3-day training.	Regional training on allocation of resources for health and social programs by governmental institutions for regional representatives from 3 regions – Poltava, Dnipropetrovsk and Lviv - is planned for April 27-29.
Objective 3: Optimize and strengthen human resources for health (HRH) for the delivery and scale-up of gender-sensitive HIV/AIDS services targeting key populations			
Sub-objective 3.1: Provide evidence based data for HRH strategy in HIV response.			
3.1.1. Analyze human resource needs and gaps for HIV/AIDS service delivery.		According to HRH consultant (STTA) recommendations, Situational analysis has been restructured, the report is attached to this Report.	Take into consideration gained information and the results and findings of the situational analysis for Project next implementation activities.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
	Organize Stakeholder Workshop to present Situation Analysis Report	Main results and findings of the situational analysis formed the basis of the interagency working group meeting on HRH strategy development in February 2015.	Present the results and findings of the situational analysis at the interagency working group meeting on HRH strategy development in April 2015.
3.1.2. Estimate capacity of current CME/CPD system in HIV area and its needs for TA and capacity development, analyze needs and gaps.	Conduct a situational analysis on current CME/CPD system capacity in HIV.	As an additional effort for RFA potential applicants aiming to develop their capacity, educational webinar to enhance quality of their proposals was conducted on January 12, 2015. RFA for analysis of current CME/CPD system capacity in HIV area resulted in grant award to the Ukrainian Institute of Social Research named after O. Iaremko (UISR) on February 23.	Grant results will be presented presumably at the interagency working group meeting on HRH strategy development in April 2015.
Sub-objective 3.2: Support the introduction of systemic and operational changes in HRH for provision of sustainable and integrated HIV/AIDS services at the national and regional level			
3.2.1. Facilitate consultative discussions with core GoU agencies, regional governments, departments and other stakeholders to discuss HRH	Conduct stakeholder meetings on capacity and TA needs	During reporting period, at national and regional level workshops stakeholders reviewed HRH priorities to meet HIV/AIDS service	HRH priorities to meet HIV/AIDS service delivery performance needs which were identified at the regional level will be

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
priorities to meet HIV/AIDS service delivery performance needs		delivery performance needs. Partners articulated implementation and testing innovative ideas to address gaps as well as expected needs in CB/TA. HRH needs calculation for RAPs training is postponed until HRH planning tool is selected at the national level in April (see below).	presented at the National piloting rationalization meeting the 24th of April, 2015.
	Support interagency working group to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	The need to enhance capacity of key stakeholders in HIV HRH resulted in the interagency technical working group. The Project held an interagency workshop for planning human resources (HR) for HIV on February 9-10 in Kyiv. The two-day workshop focused on the current state of HR for HIV in Ukraine; proposed policy changes and related stakeholders and information needs required to revise policies to optimize HR for HIV; and development of a 30-60-90 day action plan for HR for HIV. Representatives from	Next meeting of the interagency working group is planned for April 2015 and will be devoted to the discussion of TOR for this group, steps to formalize and select tools for HRH planning based on data /information availability analysis, conducted by the Project. Ensuring Ukrainian counterparts leadership and ownership, all preparations will be conducted together with UCDC, until MOH takes full responsibility as a decision maker.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		the public and NGO health and social work sectors attended the event. (Comprehensive report with materials are attached).	
3.2.2. Facilitate HRH Strategy development and introduction of relevant changes in the HRH legislation (Order #33).	Provide TA and recommendations to HRH technical working group under the UCDC (MOH)	During the February HRH workshop, considerable attention was paid to policy changes required for HRH strategic planning that resulted in the list of legislative and regulatory documents that primarily should be abolished or revised. HRH STTA consultant offered analytical tool for the prioritization of stakeholders and advocacy activities to reach necessary changes in HRH policy. (List of legislative and regulatory documents selected to advocate for changes as well as tool for stakeholder analysis are attached).	Within the interagency working group 30-60-90-day action plan, a task in hand will be to create a sub-group within this interagency technical working group and catch up on stakeholder analysis and desirable advocacy activities to facilitate further promotion of necessary HRH policy revision, started during February HRH workshop. This task will be proposed by the Project at the next interagency working group meeting planned for May 2015
	Provide capacity building to RCC on HRH for HIV strategic planning	Since finalization of RAP development was behind the planned schedule, discussion on HRH priorities to meet HIV/AIDS service	Regional workshops to support RCC with the HRH strategy development will be conducted in late May and early June 2016.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>delivery performance needs was incorporated into the regional stakeholder workshops, along with policy and financial components, in all three selected regions. Partners articulated implementation and testing innovative ideas to address gaps as well as expected assistance in CB. Separate workshops to support RCC to come up with the HRH strategy at the regional level were postponed to the next quarter. This decision was made upon requests of regional representatives to equip them with effective tools for strategic planning and policy change advocacy, which were introduced at the February interagency WG meeting mentioned above (3.2.2)</p>	
3.2.3. Support the development of RAPs, including HRH planning and training	Provide CD to RCCs in HRH planning for RAPs	Consideration of HR component in RAP was addressed during their development.	Further work on studying available data /information for HRH planning will be done in collaboration with

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		Due to lack of available data and appropriate tool, the training on HRH needs calculation for RAPs was postponed. The first stage of selection of tool for HRH planning, according to needs in HIV area, was a matrix for analysis of available data /information developed by HRH consultant (STTA). The matrix was discussed with UCDC.	UCDC M&E Centre using offered matrix. Training for RCC in HRH planning will be conducted for representatives from 3 pilot regions in combination with finance training in June.
3.2.5. Provide TA on HRIS and IS piloting and implementation.	Provide technical and operational support to working group on HIV IS development.	No progress achieved since no meetings on HRIS were scheduled by the SS.	The Project will follow up with ACCESS Project, funded by USAID and UCDC, component on IS development is funded by GF, on TA needs and will review its commitment on technical support.
	Conduct trainings on IS and other relevant capacity development activities in terms of HRIS implementation in the selected region	Due to the termination of the SS and lack of progress in IS in HIV area, the Project did not have the opportunity to merge its efforts on piloting HRIS implementation as it was	Based on SIMS results for Dnipropetrovsk Regional AIDS Centre, the Project will conduct HRIS assessment with further TA plan development. IS training previously planned for June

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		agreed. Although SIMS results for Dnipropetrovsk Regional AIDS Centre led to TA provision plan development for most needed areas, in particular HRH.	probably will be postponed, according to joint CD planning with partners
Sub-objective 3.3: Strengthen capacity of Ukrainian institutions in HRH policy development and implementation.			
3.3.1. Strengthening capacity of national and regional level Institutions in proper planning of HRH	Hold consultative meetings to identify and address CB\TA needs for HRH planning at the national and regional levels	There were 5 meetings with educational/academic institutions on TA needs (National medical academy of post graduate education; Ukrainian Family Medicine Training Center of Bohomolets National Medical University; Infectious Diseases and Family Medicine Departments of Poltava Dentist Academy; Infectious Diseases and Family Medicine Departments of Lviv Medical University, Infectious Diseases and Family Medicine Departments of Dnipropetrovsk Medical Academy).	Based on TA needs in HRH development articulated during reporting period meetings, and in accordance with formulated piloting options, TA and CD plan will be developed. Round table will be conducted in late April – mid-May in Lviv, following the request of the Lviv Medical University and CME/CPD community

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
3.3.2. Facilitate sensitization of academic institutions on introduction of prevention, treatment and social HIV issues into pre- and post-graduate education programs.	Conduct a joint workshop for decision makers from relevant regional administrations and educational institutions on CME/CPD needs in HIV, in particular, practical skills and interactive methods of teaching	During meeting with the vice-rector of Lviv Medical University, the agreement was reached to change academic community's understanding of the current situation around CME/CPD. As a result, it was agreed to conduct round table meeting with guest speakers influential in educational area.	Participate in Gala Med forum to facilitate discussion on CME/CPD reforming needs and organize round table with guest speakers influential in educational area in April 2015.
3.3.3. Strengthening national academic institutions in HIV education, including prevention, treatment, care and support.	Support institutionalization of existing HIV training activities into national academic education programs	As a result of the meeting at the Lviv training centre, it was agreed to institutionalize HIV training activities into education programs of Lviv Medical University.	Participate in Gala Med forum to facilitate discussion on CME/CPD reforming needs, both at doctor and nurse level. Meet other Lviv, Poltava, DP educational institutions, including nurse schools, to establish collaboration.
	Provide TA support with grants for academic institutions for revision of the curricula in HIV education	Analytical work within situational analysis and information collected during various meetings with collaborative partners, focused on objectives for RFA	RFA will be released in June 2015. Prior to that, educational webinar and /or CD trainings for potential applicants to enhance quality of proposals will be conducted in May, 2015.
Cross cutting			

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
Patient Pathways		<p>Following the request from PEPFAR/USAID team, the Project in cooperation with colleagues from UCDC has initiated the development of HIV+ patient pathways from the entry point into the medical care system and along the continuum of services. HTC service was identified as a main gate allowing HIV+ person to come into initial contact with system of care and more than 20 entry points were identified. In order to concentrate on key affected populations, predominant routes were selected based on which five algorithms were developed: for AIDS service facilities, specialized medical institutions (drug rehab, TB and STI clinics), Ob-Gyn facilities, Penitentiary facilities, including pre-trial units, and wide network of NGOs providing various prevention services to KAPs.</p>	<p>The Project has also initiated development of the policy paper based on the results of the pathway exercise and relevant observations and conclusions.</p>

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		In the reporting quarter, the Project has conducted several meetings with partners and stakeholders, including USG National Stakeholder meeting, where selected algorithms were presented for comments and revision; later on they were appended with updated information on all related and cross-cutting activities of all PEPFAR/USAID supported projects in Ukraine.	
Capacity Building	Individual Capacity Building/Training Plans formulated	During the reporting period, presentational materials on Capacity Building Strategy of the Project and Deloitte CYPRESS methodology for capacity building and performance improvement were finalized. Project strategy on capacity building was presented in March 2015, during the meeting with a grantee in HRH component of the Project, Ukrainian Institute for Social Research named after O. Iaremenko, with an	Partners' decision is expected by the first weeks of April 2015.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		invitation to use the methodology for expanding the activities of the Institute.	
Gender and stigma sensitization	Conduct training for 20 national and regional level change agents on gender and stigma	On January 27-29, HIV RiA conducted a three-day training for local and regional level decision-makers on communication, sensitization on key populations' stigma, discrimination issues and the need for gender-sensitive services for 20 people who will later conduct Speaker Series for decision-makers and media with emphasis on the oblast level.	
	Four Speaker Series for 60 managers, decision-makers and media held in Lviv, Dnipropetrovsk, Poltava (one event in each city per quarter) conducted by change agents		In Q2, the concept of Speaker Series was shaped and the training participants exchanged their experience and views on the best format of such public events to be held in Q3 and Q4. The main task of the Speaker Series is to sensitize local officials and journalists on the core need of the HIV reform in Ukraine with major emphasis on stigma and gender issues. HIV RiA change agents who

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
			took part in the training are now ready to promote gender equality and stigma-free environment in their oblasts
Communication and Knowledge Management		In Q2, HIV RiA prepared the content and format for its website to be officially launched in Q3 after the approval formalities are over. In the meantime, the target audiences were informed about core HIV RiA activities via the Facebook page dedicated to the broad issues of Ukraine's HIV reform (the Facebook page was launched in Q2 and gathered more than 80 followers from healthcare-related sectors), as well as through traditional media. A series of reports were published in the local media of Dnipropetrovsk, Lviv and Poltava which covered HIV RiA activities in respective regions. A number of TV reports were aired in the three regions.	

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		The Project newsletter's first issue was produced in early January 2015 both in English and Ukrainian. It was circulated among HIV RiA key national and international stakeholders. Hundreds of copies of HIV RiA 'About Us' one-pager were distributed during our public events in Kyiv and the three regions.	
Institutionalization and Grants Management		First draft of Grants Program Strategy developed and discussed with team – March 2015; General timeframe for grants based on first draft of Grants Program Strategy prepared – March 2015.	Finalize Grant Program Strategy and update list of topics and general timeframe for grants by May 31, 2015
	Policy Grant for Obj.1:	RFA 2015-04 "Revising and supporting financial models and mechanisms for the comprehensive provision of HIV services to key populations released on March 16, 2015;	Evaluate applications received in response to RFA 2015-04 by April 14, 2015, Select grantee by April 16, 2015 and - Sign Grant Award #02 by April 30, 2015.

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<ul style="list-style-type: none"> - Questions from applicants collected by March 23, 2015; - Info-webinar conducted on March 24, 2015 for 11 organizations registered as participants; - Response to the questions provided to all participants on March 28, 2015. - Applications due date is April 06, 2015. 	
	HF Grant for Obj.2 “Data Collection for Investment Case”: to release revised RFA	HF Grant for Obj.2: <ul style="list-style-type: none"> - Two technical topics identified for Q2-Q3: RFA 2015-03 “Data collection for Investment Case” and “Cost Effectiveness”, RFA 2015-05. - Calendar for “Data Collection for Investment Case” grant (RFA 2015-03) developed. 	RFA 2015-03 “Data Collection for Investment Case”, according to the grant calendar, updated on March 30, 2015: Release RFA, conduct info-webinar on April 2015, <ul style="list-style-type: none"> - Evaluate applications, select grantee and sign Grant Award #03 in June 2015. RFA 2015-05 “Cost Effectiveness”: <ul style="list-style-type: none"> - Develop calendar and start grant process.
	HRH Grants for Obj.3:	HRH mini grant “Gap analysis and capacity	RFA 2014-002 “Gap analysis”

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>estimation of current CME/CPD system in HIV area for a Sustainable HIV-AIDS Response” (RFA 2015-02)</p> <ul style="list-style-type: none"> - Info-webinar conducted on January 12, 2015 for four organizations – participants. - Three applications received in response to RFA 2014-002 on January 16, 2015. <p>Organizations that submitted proposals are the following:</p> <ol style="list-style-type: none"> 1. NGO ‘Labor and Health Social Initiatives (LHSI)’ – Kyiv 2. NGO, ‘Ukrainian Institute of Social Research named after O. Iaremenko (UISR)’ - Kyiv 3. Regional NGO, ‘Dnipro Humanitarian Initiatives’ - Dnipropetrovsk <ul style="list-style-type: none"> - The TEC members evaluated the applications and a TEC meeting was held on January 26, 2015. <p>UISR was selected to be the apparent grant recipient.</p>	<ul style="list-style-type: none"> - Close-out Grant Award #01. <p>Grant “TA support for academic institutions for revision of the curricula in HIV education” (RFA 2015-06)</p> <ul style="list-style-type: none"> - Develop calendar, SOW and start grant process in May 2015, Release RFA 2015-06, conduct webinar for potential grantees in June 2015

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		<p>The TEC also decided that UISR should add another resource to strengthen the Key Personnel positions and re-submit the application by February 05, 2015.</p> <ul style="list-style-type: none"> - UISR re-submitted application with revised Key Personnel list and functions on February 05, 2015. - Grant Number: 01-HRH-001 was approved by TEC members on February 09, 2015. - Approval package for mini grant 01-HRH-001 was sent to AOR on February 16, 2015 - Grant Award#01 was signed on February 23, 2015. 	
	Grants to support piloting	<p>Grant topic “Alternative approaches to deliver/finance HIV for key populations” identified for all 3 pilot regions (Obj.1);</p> <p>Grant topic “Institutionalization of GF trainings into post-graduation educational</p>	<p>For grant “Alternative approaches to deliver/finance HIV for key populations” (Obj.1):</p> <ul style="list-style-type: none"> - Define type of solicitation, develop calendar by April 30, 2015; - Announce grant opportunity, webinar for

Activity	Progress		Comments/ Analysis
	Planned (Sub – Activity) (for reported period)	Actual (including comments if required)	Planned for next period
		system” identified for Lviv region (Obj.3).	<p>potential grantee by May 31, 2015;</p> <ul style="list-style-type: none"> - Select grantee, sign Grant Award by June 30, 2015. <p>For grant “Institutionalization of GF trainings into post-graduation educational system” (Obj.3):</p> <ul style="list-style-type: none"> - Develop calendar by April 30, 2015; - RFA release, webinar for potential grantees by May 31, 2015; - Select grantee, sign Grant Award by June 30, 2015. <p>Finalize list of grant topics for each region, define type of solicitation and develop calendar for identified grants by April 30, 2015</p>

SECTION C

TABLE 4. RELEVANT INDICATORS FOR REPORTING PERIOD

Indicator	Reporting Data	Progress	Comments
Number of regulatory documents developed/ reviewed due to the Project`s evidence-based recommendations that are endorsed/ applied by GoU (national/regional/local)	0		
Number and percentage of change agents/champions enrolled and trained who put the new skills/tools / approaches into practice	0		
Number of media hits related to the Project`s key activities	33	List of media hits with disaggregation by region attached.	
Number of person-courses completing in-service training within the reporting period (PEPFAR)	40	<p>Training for local and regional level decision-makers on communication, sensitization on key populations' stigma, discrimination issues and the need for gender-sensitive services was held on January 27-29, 2015 for 20 people</p> <p>Training on allocation of resources for health and social programs by governmental institutions was held on March 24-26, 2015 in Kyiv for 20 people</p>	
Number of desk studies, analytical reports and other recommendations prepared	7	<ul style="list-style-type: none"> Desk review of analytical data on delivery of HIV services in Ukraine, with 	

		<p>specific emphasis on key populations conducted</p> <ul style="list-style-type: none"> • Situational analysis on HR for HIV • Recommendations for the revision of the draft National strategy on access to HIV prevention services for key populations (KPs) • The Project provided comments and recommendations on the Health Strategy document developed by the Health Reform Strategic Advisory Group (SAG) • Explanatory note for the establishment of PH Department at the Ministry of Health • Organizational chart, terms of reference (TOR) of PH Department at the Ministry of Health • Analysis of the functions of the central executive bodies whose activities are directed by MOH 	
Number of Speaker Series facilitated by change agents	0		

Does Logframe, PMEP or WorkPlan Require Revision?
No

TABLE 5. LESSONS LEARNED, AND SUGGESTED DISSEMINATION

Lessons learned, and suggested dissemination		
(i)	Project Level Lessons	<ul style="list-style-type: none"> • At USG team request, the Project took a lead in the analysis of Patient Pathways across HIV services. The consultative process with the engagement of key national and international stakeholders was critical for the analysis. In addition, the Project team presented the pathway analysis to regional stakeholders who expressed their interest in conducting regional level analysis as part of piloting initiatives. • The Project immediately responded to the request of the oblast administrations from the non-pilot regions and effectively organized the RAP development process in 11 additional regions that was not originally part of the Y2 workplan. The Project considered support in the development of RAPs essential for planning oblast level targets of the NAP and budgeting regional activities, including HIV prevention, that are critical for the sustainability of essential interventions after the GF phase-out. Thus, the new activity was presented and approved by AOR. The effective implementation of this activity was made possible through the development of the unified instrument and special training conducted for STTA consultants. • During the reporting quarter, the Project continued coordination meetings and consultations with other partner projects (funded by USAID, UN and GF) to avoid overlap and ensure complementarity of TA, in particular in the pilot regions. • The delay in Investment Case study implementation was a result of the delay in the provision of results from the Allocative Efficiency study – the first phase of IC. Another challenge was to identify a proper local counterpart research agency, which is due to the insufficient technical capacity of local organizations in economic evaluation studies, in particular in health care and HIV. • Due to the continuous challenge in the selection of the proper candidate for the Objective 1 Lead position, the Project hired a policy technical specialist, a lower

	level position, to fill the gap in management of the Obj.1 activities. The Project has also used several STTAs to perform specific tasks under the Policy component.
(ii) Sector Level or Thematic Lessons	<ul style="list-style-type: none"> • The appointment of the new Minister was followed by gradual change in the leadership team of the MOH, although many appointments were delayed and thus commitment of MOH stakeholders was limited in many occasions. With the anticipated termination, the involvement of SS in many policy issues was diminished, yet the establishment of designated entity at the MOH was further delayed (at the request of MOH, the Project provided TA in this process). The Project continued closely working with UCDC as the main government entity in HIV, while supporting MOH initiatives in restructuring HIV and broader PH areas. • The Project leadership and team are actively engaged in broader discussions on health system reform issues and provide technical input in all areas related to HIV and public health policy discussions. The Project team is actively involved and regularly participates in the meetings of CCM and its sub-committees, as well as other national consultations organized by other partners and stakeholders. While there are many initiatives and ongoing consultative processes around priority topics related to HIV and sustainability of services, a lack of leadership on the government side and widely anticipated reforms and changes in structure of HIV policy development put many things on hold pending final decisions.
(iii) General Development Lessons	<ul style="list-style-type: none"> • While the government and MOH are strongly committed to the reforms, the issues related to IDP crisis and war-related burden on health care sector often change focus on other priorities.

SECTION D

TABLE 6. EXECUTIVE SUMMARY

Executive Summary of the progress achieved during the reporting period (not more than 3 pages)
<p>Starting from January 2015, the Project completed a number of successful activities:</p> <p>Senior officials of the MOH continue moving towards reforming the Health Care System in Ukraine and requested technical assistance from the Project leadership. Thus, the main focus of the Project in this domain involved supporting MoH in several activities:</p> <ol style="list-style-type: none">1. Establish the Technical Working Group under MoH that will support MOH in the development of a public health system model with integrated HIV and TB services at the national and regional levels.2. Assist in developing ToR for the new Public Health Department to be established under MoH that should take over major responsibilities after the termination of the State Service of Ukraine on HIV/AIDS and other socially dangerous diseases.3. Since HIV RiA is about sustainability and reform, the Project team was involved in the finalization of Health Care Reform Strategy, prepared by Strategic Advisory Group (hereinafter referred to as Health SAG) in order to streamline Project activities with the reform ideas. <p>During Q2 of the Project Year 2, HIV RiA team continued coordinating and consolidating partners' efforts towards developing Patient Pathways that details the entry points of the patients in HCT and helps to illustrate bottlenecks in the system. Patient Pathways will help all stakeholders conceptualize the process, allowing them to tailor their approach and activities to make a greater impact.</p> <p>The Project continued working in the development of RAPs, according to NAP for 2014-2018, not only in 3 pilot regions, but also in 11 additional regions: <u>Cherkasy, Chernihiv, Kherson, Khmelnytskyi, Kirovohrad, Kyiv Oblast and Kyiv City, Mykolaiv, Vinnytsia, Zaporizhia and Odesa</u>. In all regions, the same approach was applied by involving 2 Project consultants that were able to ensure an inclusive and transparent process of RAP development in each region, including involvement of RCC members.</p> <p>To support the development of RAPs, a package of documents was prepared:</p>

- Main Excel-based tool that included several spreadsheets - regional indicators, mail page of the Program with activities; per-year indicators; and final budget amounts needed. Also, the document included separate pages with prevention, laboratory monitoring, treatment and care and support calculations and unit costs.
- In addition to this tool, several support documents were prepared that included regionalization of equipment procurement plan from NAP 2014-2018 with separate calculations conducted for regions (document with 27 separate pages per each region).
- Document with regional distribution of national indicators. Its aim was to help regions calculate their regional share in NAP 2014-2018.

To ensure a comprehensive approach, the Project provided TA to the SS and UCDC and supported the formulation, distribution and approval of regional indicators. Based on this, SS sent official letters to Oblast Health Departments with detailed instructions on how to utilize these support documents. By following a standardized approach and process, at the final stage, all regions of Ukraine will have the same indicator frame approach, budget calculation and definition of service packages.

By the Quarterly Report submission, almost all RAPs have been finalized and submitted to Oblast State Administrations for review and approval or to Health or Finance Departments for review.

Significant progress was made under the cross-cutting issues especially the grant component, where an HRH grant agreement was signed in addition to a new grant for the Policy component to study barriers to applying mechanisms of social contracting and PPP. Moreover, another grant under Health Finance is under development and will be announced in Q3Y2.

Regarding planning for the next period, HIV RiA team will move towards achieving progress in all 3 Objectives and key results of the Project workplan; moreover, the Project will strive to logically integrate stigma, discrimination and gender issues into Project Objectives, to facilitate support for service delivery to MARP's.

Key Issues/ Points of information

- **Programmatic**

Programmatically, HIV RiA Project team understands that in the context of Health Reform the HIV sector must be strengthened, including creating new state entities and adaptation of legislation to ensure the allocation of funds for HIV activities on national and regional level.

- **Cross-cutting/ contextual**

Ensure effective program implementation where logical linkages between Objectives and cross-cutting activities were made. Additional efforts should be made towards finalizing the strategy to work with change agents and champions, our goal is to find motivated people and organizations that will become strong advocates of HIV issues and rights of PLHIV and MARP's.

- **Management**

The Project is moving towards providing TA to MoH and UCDC – two government entities responsible for HIV/AIDS issues - and building their capacity, including strategic planning. The Project is still looking for a new Objective 1 Lead and other support staff, meanwhile, we hired a Policy Specialist who will be responsible for key Objective 1 activities.

Recommendations/ suggested changes	Responsibility	Date for completion
1. Since official Beneficiary of the Project – the State Service - will be terminated and its functions will be shared by the new Department to be created under MoH and UCDC, HIV RiA suggests related changes. Thus, the next Beneficiary should be the MoH or its Department and UCDC as the leading national agency in HIV response.	COP and DCOP	Shift to Q3 Y2

Key Milestones and Activities planned for the next quarter
Finalization of work for the creation of the new Department under MoH; HIV RiA Project was asked to support the development of TOR for this Department, which is expected to take over all functions of the SS and share some of the responsibilities with MoH and UCDC.

ANNEX 1: PROJECT ACTIVITY MONITORING MATRIX

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
Objective 1: Enhance national leadership and capacity for evidence-based and gender-sensitive HIV policy programming and implementation									
Sub-objective 1.1: Support national government institutions in AIDS policy development, programming and implementation									
A process for preparation of annual budget requests and obtaining information required for justification of funds allocation for the National AIDS Program established	1.1.1. Facilitate dialogue between MoH, MoF, MSP, Parliament members and regional entities to ensure finance allocation for National AIDS response.	Support interagency working group and dialogue for preparation of annual budget request and justification of National AIDS Program funds allocation	Interagency WG to support national dialogue established and 4 meetings conducted 2016 budget requests from relevant ministries are based on NAP activities	# of supported WG meetings # budget requests prepared	4 1	X	X	X	X
Central-local dialogue improved and regional priorities reflected in national AIDS programming and budget planning in HIV sector.		Facilitate dialogue between national and regional entities to improve budget planning in HIV sector	2 workshops for national and regional government representatives conducted and TA provided A tool/instrument developed for collecting	# of workshops and TA provided	2		X	X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
			regional data/information for annual budgeting	tool/instrument prepared	1		X		
MOH priority capacity development needs in HIV/AIDS identified.	1.1.2. Strengthening MoH capacity in national HIV/AIDS policy development, programming, monitoring and evaluation	Conduct assessment of MoH needs in HIV/AIDS policy development and programming	MOH needs assessment in HIV/AIDS policy development and programming conducted and report prepared	# of reports prepared	1		X		
HIV/AIDS priorities reflected in national health care reform strategy		Provide technical support to MoH in Health Care Reform Strategy development efforts in HIV/AIDS area	Technical support to MoH in Health Care Reform Strategy development efforts in HIV/AIDS area provided	participation in Health SAG and other relevant WG	1	X	X		
The HIV/AIDS governance and administration function established at MOH		Assist with organizational development of relevant structure within MoH responsible for policy and programming after abolishment of State Service	Assistance in organizational development of relevant structure within MoH responsible for policy and programming after abolishment of State Service provided and recommendations (TOR and org. chart) developed	TOR and org. chart prepared	1	X	X		
Capacity of relevant MoH structures in usage of evidence-based data for policy making, M&E of		Provide capacity development of relevant MoH structures in usage of evidence-based data for policy developing, M&E of NAP and programming (trainings, TA	At least 15 MOH staff (including the new unit and UCDC if needs	# of people trained	15			X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
NAP, programming and other identified areas strengthened		provision based on needs assessment results)	identified) trained based on the needs assessment						
National and regional stakeholders are provided with the visual evidence- based data on NAP implementation and results		National AIDS Program Dashboard creation	National AIDS Program Dashboard created	Dashboard created	1			X	
Best practices in HIV and TB integration learned and strategic vision for HIV/AIDS response formulated among stakeholders	1.1.3. Learning international best practices and experiences in HIV response	Conduct a study tour to share the strategic vision for healthcare reforms, with HIV and TB integration, among Ukraine's key national policy makers, health systems managers and change agents in coordination with PtP	Study tour to share experience for 10 Ukraine's national and regional policy makers, health systems managers and change agents in coordination with PtP conducted	# of people participated in a study tour	10		X		
		Prepare report on study tour findings and lessons learned		Report prepared	1			X	
		Conduct Round table on national level to discuss lessons learned and recommendations	Round table at national level to discuss lessons learned conducted and recommendations developed	# of Round table	1			X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
Sub-objective 1.2: Strengthen capacity of local government entities in implementing regional AIDS programs with emphasis on key affected population									
Regional AIDS Programs include targeted interventions with emphasis on KAPs and with appropriate budget calculations	1.2.1 Support the development of Regional AIDS Programs including budget planning.	Support regional coordination councils (RCC) in RAPs preparation	Regional AIDS Plan development WG meetings for Regional Coordination Councils conducted in 3 regions	# of supported WG meetings	6	X	X	X	
		Assist in preparation of RAPs including budget plans and service calculations	Three RAP approved by RCCs	# of RAPs prepared	3			X	
			TA for RAP preparation for all regions				X	X	X
RAPs are based on evidence-based regional information for proper targeting RCCs and other stakeholders are provided with updated data and information	1.2.2. Provide national and local partners with adequate regional data and information	Update and add additional data (facility, HRH, etc) to regional profiles (in coordination with Respond project) and present the most recent data and information for Dnipropetrovsk, Poltava and Lviv Oblasts	Update regional profiles for the key piot regions on the epidemiology, service coverage and gaps, healthcare facilities, resources and HR data (in coordination with Respond project)	# regional profiles updated	3	X	X		
Sub-objective 1.3: Improve and sustain comprehensive service delivery models and financing mechanisms for key affected populations.									
Recommendations on innovative approaches developed and	1.3.1. Provide TA on development of the National strategy on access to HIV	Participate in technical working group and provide input to strategy development	National strategy on access to HIV prevention services for KAP	# of recommendation provided to TWG	4	X	X	X	X

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
adopted by the TWG on the development of National strategy on access to HIV prevention services for KAP	prevention services for key populations.		developed including innovative interventions						
The list of options for service delivery and financing mechanisms for KAP identified for piloting in three oblasts	1.3.2. Develop specific service delivery and financing strategies for piloting in project regions (discuss with key stakeholders at national and regional level).	Conduct desk review of analytical data on delivery of HIV services in Ukraine, with specific emphasis on key populations	Desk review of analytical data on delivery of HIV services in Ukraine, with specific emphasis on key populations conducted	# report prepared	1	X			
		Conduct regional stakeholder workshops to build consensus on priority problems and needs for improvement for service delivery and financing.	Regional stakeholder workshops conducted in each region (total 3) to build consensus on priority problems and needs for improvement for service delivery and financing conducted	# of regional workshops conducted	3		X		
		Conduct the national stakeholder workshop to build consensus on priority problems and needs for improvement for service delivery and financing	National stakeholder workshop to build consensus on priority problems and needs for improvement for service delivery and financing conducted	# national workshops conducted	1			X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
Oblast and rayon partners are prepared to implement the pilots	1.3.3. Prepare piloting of alternative approaches to deliver/finance HIV services for key populations in the Dnipropetrovsk, Lviv and Poltava regions for 2014-2015.	Conduct trainings with key Oblast and Rayon partners on piloting options and implementation (regional CC)	Trainings for key Oblast and several Rayon partners in piloting options and implementation conducted and trained in specific piloting strategies	# of people trained	60		X	X	
Oblast administrations ready to pilot alternative approaches to deliver/finance HIV/AIDS services in pilot regions		Facilitate development and put into force Oblast Administration's Orders needed to formalize and support piloting in different settings (regional CC)	Oblast Administration's Orders needed to formalize and support piloting in different settings developed and approved (3 orders)	# of regions that formalize support for piloting	3			X	X
Regional stakeholders provided with evidence-based data on pilot implementation for better reprogramming and adaptation	1.3.4. Conduct 1 st stage of pilot in Dnipropetrovsk, Lviv and Poltava regions the alternative approaches to deliver/finance HIV services for key populations in the rayons level	Provide guidance and advice to regional stakeholders on the implementation of piloting (monitoring visits and ongoing face-to-face meetings)	1 st stage pilots initiated in the selected pilot regions (total 3 pilots)	# of pilots of alternative approaches to deliver/finance HIV services initiated	3			X	X
		Collaborate with other partner projects to ensure resource allocation for service provision.						X	X

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
		Organize the monitoring process of piloting (conduct M&E training, prepare reporting forms, conduct outcome assessment) and share experience with stakeholders (regional piloting Dashboard)	Regional piloting monitoring tools including regional piloting Dashboard developed and implemented	monitoring process of piloting organized # of people trained	20			X	X
National and regional policy makers are better informed on barriers for implementation of alternative financing mechanisms	1.3.5. Revise and improve financial mechanisms for provision of HIV services to key population	Explore the barriers to: <ul style="list-style-type: none"> – active utilization of social contracting and PPP for the provision of HIV preventive services; – implementation of risk-adjusted capitation for the provision of HIV preventive services. 	The report on barriers to active utilization of social contracting and PPP; implementation of risk-adjusted capitation for the provision of HIV preventive services developed	Report prepared	1		X		
Social contracting financing mechanism improved and utilized for provision of preventive services to KAPs		Conduct a workshop for decision makers on the implementation of social contracting mechanisms for the provision of HIV preventive services	National workshop for decision makers on the implementation of social contracting mechanisms for the provision of HIV preventive services conducted	# of workshops conducted	1			X	
		Provide the proposals to MoH and MSP on active utilization of social contracting mechanisms for the provision of HIV preventive services	List of recommendations for MoH and MSP on utilization of social contracting mechanisms for the provision of HIV	List of recommendation on active utilization of social contracting	1			X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
			preventive services developed	mechanisms provided					
		Conduct trainings for service providers on application process for social contracting for the provision of HIV preventive services	45 people representing service providers trained on application process for social contracting	# of people trained	45				X
National Government equipped with better tools for sustainable provision of preventive services to key populations	1.3.6. Support national leadership for sustainable provision of HIV services delivery to key populations.	Prepare report on analysis of existing gaps in available standards/protocols for the provision of HIV services to key populations.	Report on analysis of existing gaps in available standards/protocols for the provision of HIV services to key populations prepared	Report prepared	1			X	
Draft orders for MOH and MSP for Y3		Support MOH and MSP on development of required standards/protocols for the provision of HIV services to key populations (based on the gap analysis)	Draft standards/protocols for the provision of HIV services to key populations developed for MOH and MSP	List of standards/protocols for the provision of HIV services delivery to key populations prepared	1			X	
Evidence developed for GOU to introduce quality assurance mechanisms for HIV preventive services.		Analyze the international evidence on quality assurance mechanisms for HIV preventive services	Analytical report on international evidence on quality assurance mechanisms for HIV preventive services prepared	Report prepared	1		X		
Sub-objective 1.4: Improve policy dialogue and ensure transparent policy development environment.									

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
A critical mass of change agents at all levels (MOH, UCDC, regional AIDS Centers, OHDs and civil society) created to promote evidence-based HIV policy making and implementation	1.4.1. Engage champions and change agents at all levels (MOH, UCDC, regional AIDS Centers, OHDs and others) and civil society to strengthen the country's capacity in evidence-based HIV policy making and implementation	Build capacity of change agent in evidence-based policy making and oversight	Forty five change agents trained in evidence-based policy making and oversight	# of people trained	45		X	X	
Regional change agents led transparent policy dialogue and policy development process established		Conduct Round tables at regional level to ensure platform for problems discussion in HIV/AIDS area	Three Regional round tables facilitated by local change agents conducted	# of Round tables conducted	3			X	X
Objective 2: Improve and optimize resource allocation and financing for the national and selected regional HIV/AIDS programs targeting key populations									
Sub-objective 2.1: Develop evidence pool to create support for funding decisions in HIV response at the national and regional level									

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
Financial and economic justification for better resource allocations and financial sustainability of services for key populations provided	2.1.1. Support government of Ukraine to conduct Investment Case study Phase II (extension of HIV allocative efficiency study) in collaboration with UNAIDS, including analysis of resource allocations and financial sustainability of service delivery to key populations.	Operational and Service Data Collection Related to prevention services for KAPs (MARPs) and social support for PLWH in 25 regions of Ukraine	Background information for the study prepared.	Database with collected data from 25 regions for Investment Case study Phase II prepared	1	X	X	X	
		Develop ToR and methodology of study	TOR for Investment Case study Phase II (extension of HIV allocative efficiency study) developed in collaboration with MoE and UNAIDS	# of TOR developed	1	X			
		Conduct of Stakeholders Workshop for decision makers to discuss and finalized methodology of the study	Stakeholder workshop for decision makers on study methodology conducted	# of workshops conducted	1	X			
		Conduct study and prepare preliminary study Report	Investment Case study Phase II (extension of HIV allocative efficiency study) conducted and report preliminary prepared presentation conducted	# of preliminary reports prepared	1		X	X	X
		Organize Stakeholder workshop to present study preliminary Report and Recommendations to government of Ukraine and MoH specifically	Stakeholder workshop with preliminary report/data	# of workshops conducted	1				X

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
NASA report 2011-2012 finalized	2.1.2. Provide technical assistance to UCDC on NASA validation data process for 2011-2012	Prepare Report	TA to UCDC on NASA data validation process for 2011-2012 provided	# of reports prepared	1	X			
Evidence-based data for scale-up usage of rapid tests provided to MOH	2.1.3. Conduct cost-effectiveness study of scale usage of rapid tests in prevention programs in collaboration with UCDC.	Develop methodology for the study	Cost-effectiveness study for scale-up of usage of rapid tests in prevention programs conducted in collaboration with UCDC and report developed	# of methodologies developed	1		X	X	
		Conduct of Stakeholders Workshop for decision makers to discuss and finalized methodology of the study		# of workshops conducted	1		X		
		Conduct study and prepare study Report.		# of reports prepared	1			X	X
		Organize Stakeholder meeting to present study Report and Recommendations	Stakeholder workshop for study date presentation conducted	# of stakeholders meeting conducted	1				X
Sub-objective 2.2: Support the development of HIV strategies and policies at the national and regional level which reflect optimized resource allocation and lead to the most cost-efficient and effective.									
National system of HIV expenditure monitoring	2.2.1. Support MOH/UCDC in institutionalization of	Provide support in development of GoU Order on HIV expenditure monitoring	GoU Order on HIV expenditure monitoring developed	# of Orders developed/signed	1		X		

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
institutionalized at MOH/UCDC	National system of expenditure monitoring of HIV.								
		Support the development of methodological guidelines for MoH on expenditure monitoring and other relevant documents	Electronic tools on HIV expenditure monitoring developed and introduced at UCDC	# of methodological recommendations developed	1		X		
		Develop site and electronic tools for monitoring and data tracking of NAP and RAPs implementation		# of tools developed	1			X	
		Train UCDC personnel to use electronic tool for monitoring and data tracking	Three trainings for UCDC and regional M&E experts conducted	# of people trained	60			X	X
		Conduct trainings for regional M&E experts on process and tools usage							
Sub-objective 2.3: Strengthen capacity of national and regional partners in finance planning, budget preparation and execution to match the needs to optimized HIV/AIDS service-delivery operations.									
Capacity of regional administration strengthened in	2.3.1.. Support national and regional stakeholders in	Two trainings on routine operational planning, including budget formulation, for key regional	Two trainings on routine operational planning, including budget	# of people trained	40		X		

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
operational planning and budgeting	operational and budget planning	administration personnel stakeholders conducted (40 people trained	formulation, for key regional administration personnel stakeholders conducted						
		Training on estimation of financial resource needs for regional administration personnel (20 people)	Training on estimation of financial resource needs for regional administration personnel	# of people trained	20			X	
Capacity of regional administration strengthened in health economics and financial issues		Training of regional specialists in health economics and financial issues (20people)	Training of regional specialists in health economics and financial issues	# of people trained	20			X	X
Objective 3: Optimize and strengthen human resources for health (HRH) for the delivery and scale-up of gender-sensitive HIV/AIDS services targeting key populations									
Sub-objective 3.1: Provide evidence based data for HRH strategy in HIV response.									

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
Evidence based information on HRH needs and gaps obtained for GOU decision-makers	3.1.1. Analyze human resource needs and gaps for HIV/AIDS– services provision.	Conduct a situational analysis on HRH for HIV	Report on situational analysis on HRH needs and gaps in current HIV service delivery prepared	Report on situational analysis prepared	1	X			
		Organize Stakeholder workshop to present Situation analysis Report	Workshop to present HRH situational analysis to decision makers conducted	Workshop conducted	1		X		
TA and capacity development needs for educational institutions and cost of addressing gaps HRH in HIV defined	3.1.2. Estimate capacity of current CME/CPD system in HIV area and its needs for TA and capacity development, analyze needs and gaps.	Conduct a situational analysis on current CME/CPD system capacity in HIV	Report with defined TA and CD needs of current CME/CPD system capacity in HIV prepared	Report with defined TA and capacity development needs, and related cost estimation prepared	1		X		
Sub-objective 3.2: Support the introduction of systemic and operational changes in HRH for provision of sustainable and integrated HIV/AIDS services at the national and regional level									

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
Suggested changes/revisions in HRH policies, the findings and recommendations incorporated into working plan of HRH technical working group under UCDC. National and regional level decision makers demonstrate commitment to find HRH optimization and institutionalization options in HIV area	3.2.1. Facilitate consultative discussions with core GoU agencies, regional governments departments and other stakeholders to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	Conduct Stakeholder meetings on capacity and TA needs presented to key stakeholders	Stakeholder meetings on capacity and TA needs conducted	# of supported meetings/ roundtable	4	X	X		
		Support interagency working group to discuss HRH priorities to meet HIV/AIDS service delivery performance needs	Interagency WG meetings to discuss HRH priorities to meet HIV/AIDS service delivery performance needs supported	# of supported WG meetings	4	X	X	X	X
	3.2.2. Facilitate HRH Strategy development and introduction of relevant changes in the HRH legislation (Order #33).	Provide AT and recommendations to HRH Technical working group under the UCDC (MOH)	Conduct four WG meetings on TA and recommendations to HRH technical WG under the UCDC (MOH) supported	# of WG meetings supported	4	X	X	X	X
		Provide capacity development to RCC in strategic planning of HRH in HIV	Three RCC Workshops in strategic planning of HRH in HIV conducted	# of RCC workshops conducted	3	X	X		
		Support discussion at inter-sectorial working groups to recommend grounded list of changes in HRH legislation to meet HIV/AIDS service delivery innovative / alternative performance needs	Inter-sectorial WG to recommend grounded list of changes in HRH legislation to meet HIV/AIDS service delivery innovative / alternative	# of WG meeting conducted	1				X

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
			performance needs conducted						
Common agreement among stakeholders and partners on HRH legislation (Order #33) amendments reached and communicated to relevant decision makers (MOH, MOF, MOE)		Develop draft of concept paper to support relevant changes into the HRH legislation (Order #33) in collaboration with other partners and USAID Projects	Draft concept paper to support relevant changes into the HRH legislation (Order #33) developed	Draft recommendations for legislative changes	1				X
		Conduct Stakeholder meeting to discuss required changes to HRH normative / legislation documents	Stakeholder meeting to discuss draft concept paper conducted	# of Stakeholders meeting conducted	1				X
HRH issues included in the RAPs and operational planning	3.2.3. Support the development of Oblast HIV /AIDS Programs, including HRH planning and training	Provide CD to RCCs in HRH planning for RAP	Training conducted and follow-up operational support (working group) provided to RCCs in HRH planning for RAP	# of people trained	17	X			
		Follow-up TA to RCCs in HRH planning for RAP provided	Three meetings on HRH needs analysis for HIV response to RCC and their Programming committee conducted	# of supported meetings	3		X	X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
HRH needs for the implementation of alternative mechanisms (rationalization option) of the delivery/financing of HIV services for key populations at the regional level identified in pilot rayons	3.2.4. Define HRH needs for the implementation of alternative mechanisms (rationalization option) of the delivery/financing of HIV services for key populations at the regional level.	Provide capacity development in calculation of HRH needs in planning piloting of alternative mechanisms (rationalization option) of the delivery/financing of HIV services for key populations at the regional level	One training for 25 people for calculation of HRH needs for pilots conducted	# of people trained	25			X	
		Support in developing pilot design, including selection of sites, data collection and M&E tools in HRH regards	HRH plans for pilots (including design, selection of sites) data collection and M&E tools in each region developed (3 plans) and endorsed by the Regional Council	HRH plan for piloting prepared and endorsed by RCCs	3			X	X
UCDC prepared on HRIS and IS implementation	3.2.5. Provide TA on HRIS and IS piloting and implementation.	Provide technical and operational support to Working group on HIV IS development.	List of recommendations for HRIS for WG on HIV IS development (UCDC) provided	List of recommendations on HRIS developed	1	X	X		
		Conduct trainings on IS and other relevant capacity development	Conduct training on IS and HRIS implementation	# of people trained	18			X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
		activities in terms of HRIS implementation in the selected region	in the selected region (18 people trained)						
			Conduct piloting of HRIS in the selected region in collaboration with UCDC and RCC		3				X
Sub-objective 3.3: Strengthen capacity of Ukrainian institutions in HRH policy development and implementation.									
Capacity of national and regional specialist in HRH planning strengthened	3.3.1. Strengthening capacity of national and regional level Institutions in proper planning of HRH	Conduct consultative meetings to identify and address CB\TA needs for HRH planning at the national and regional levels	Individual and group consultative meeting to identify and address CB/TA needs for HRH planning at national and regional level	# of individual and group meetings conducted	15	X	X	X	X
Educational Institutions responsible and for	3.3.2. Facilitate sensitization of Academic institutions	Conduct a joint workshop for decision makers of relevant regional administrations and educational	Workshop for decision makers and educational	# of workshop conducted	1			X	

Expected result/ outcome (End of Year 2)	Activity	Sub - Activity	Key milestone	Indicators (output)	Year 2 Target	Quarters output			
CME/CPD decision makers gain understanding in improving this system in HIV area	on introduction of prevention, treatment and social HIV issues into pre- and post-graduate education programs.	institutions on CME/CPD needs in HIV in particular, practical skills and interactive methods of teaching	institutions on addressing capacity needs for effective CME/CPD in HIV conducted						
Capacity of academic institutions in HIV education, including prevention, is strengthened	3.3.3. Strengthening national academic institutions in HIV education, including prevention, treatment, care and support.	Support institutionalization of existing HIV training activities into national academic education programs	National workshop on institutionalization of existing HIV training activities into national academic education programs conducted	# of national workshops conducted	1			X	
		Provide TA support with grants for academic institutions for revisions of the curricula in HIV education	Grants for academic institutions for revisions of the curricula in HIV education awarded and TA provided	# of grants provided to education institutions	2	X		X	
			Curricula in HIV education revised/adapted (2 curricula)	# of curricula revised /adapted	2				X

